

# EPO Reimbursement Form

Please submit this form to Don Settergren, EPO Treasurer, using one of the following methods:

1) Email to dsettergren@charter.net along with electronic copies of receipts/invoices.

OR

2) Place in the EPO Bin in the Reception Office along with photocopies of receipts/invoices.

1. Name of Event/Committee:

□

2. Name of person to whom check should be made payable:

□

3. Amount: \$ □

4. Brief Description: □

5. Today's Date: □

6. □ I would like check mailed to: □

□ I will pick up check in office.

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For Treasurer's Use Only:

Check Number: \_\_\_\_\_

Check Date: \_\_\_\_\_